

FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4508

State File No.

Nienstedt

Registration District No. 821

Primary Registration District No. 4553

Registrar's No.

1. PLACE OF DEATH:

(a) County. Scott
(b) City or town. Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 months (Specify whether years, months or days)
In this community 9 months

3. (a) PRINT FULL NAME Mamie Lou Bolin

3. (b) If veteran, name war. ✓ 3. (c) Social Security No. ✓

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced. ✓

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased 3 31 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
9 0 hr. min.

9. Birthplace Sikeston Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation.

11. Industry or business.

12. Name W.L. Bolin
13. Birthplace Cheatham Co. Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Annie Baty
15. Birthplace Lewis Co. Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant W.L. Bolin
(b) Address Sikeston Mo.

17. (a) Burial (b) Date thereof 1/2/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston Mo.

18. (a) Signature of funeral director John A. Bolin

(b) Address Sikeston Mo.

19. (a) 2-3-1941 (b) John A. Bolin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100
(c) City or town Sikeston 0
(If outside city or town limits, write "RURAL") 2
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 1
year 1941 hour 11 minute 55 a. m.

21. I hereby certify that I attended the deceased from Dec 27 1940 to Jan 1 1941
that I last saw him alive on Jan 1 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chickens pneumonia
Solar

Due to chicken pox

Due to

Other conditions chicken pox
(Include pregnancy within 3 months of death)

Major findings:
Of operations.

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 71/2

(Specify type of place) While at work (e) Means of injury _____

23. Signature John A. Bolin (M. D. or other) D
Address 112 1/2 Sikeston Date signed 1/4/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 2,

District File Number 241-236

Date Filed 2/11/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.